

DFCM Roofing History Record
Built up Roof

State Building #

DFCM Project #

Facility Name:

Building Name and Address:

Roof Section Description:

Roofing Contractor Name and Address:

Sub-contractors:

Roof System manufacture:

Installation Date:

Warranty Information:

Manufacture:

Contractor:

Roof Area (sq./ft.)

Building Use:

Height above Ground:

Access to Roof Area: Ladder_____ Roof Hatch_____ Stairs_____

Roof System Information

New Construction: _____ Re-Roof: _____ Old Roof Removed: Yes_____ No_____

Comments: _____

Deck Type:

Slope:

Insulation:

Layer #1	Manufacture:	Thickness:	Attachment:
Layer #2	Manufacture:	Thickness:	Attachment:
Layer #3	Manufacture:	Thickness:	Attachment:

Taper Explain: _____

System Type: Hot_____ Cold_____ Modified_____ Torch_____ Other_____

Bitumen Brand Name_____ Manufacture_____

Felt Type:

Base Sheet: Brand Name_____ Manufacture:_____ Attachment_____

Ply Sheet: Brand Name_____ Manufacture:_____ Plies_____

Flashing Type:

Brand Name:_____ Manufacture_____ Attachment_____

Surfacing: Gravel_____ Slag_____ Cap Sheet_____ SBS Cap Sheet_____

Smooth Surface Coating_____ Other_____

Brand Name_____ Manufacture_____

Drainage:

Internal Roof Drains_____ Perimeter Gutter_____ Internal Gutter_____ Scuppers_____

Primary:

Manufacture:	Size:	Quantity:
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Overflow:

Manufacture:	Size:	Quantity:
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Details:

Walls:_____

Edge:_____

Expansion Joints:_____

Walkways:_____

Other:_____

Roof Top Equipment:

Mechanical: Unit Types:_____ Curb Types:_____ Quantity_____

Fans/Vents: Unit Types:_____ Curb Types:_____ Quantity_____

Other: Unit Types:_____ Curb Types:_____ Quantity_____

Pipe Penetrations:

1" Quantity:_____ Flashing Type:_____

1 ½ " Quantity:_____ Flashing Type:_____

2" Quantity:_____ Flashing Type:_____

3" Quantity:_____ Flashing Type:_____

4" Quantity:_____ Flashing Type:_____

5" Quantity:_____ Flashing Type:_____

6" Quantity:_____ Flashing Type:_____

Other Quantity:_____ Flashing Type:_____

Additional Comments or Drawings:_____

DFCM USE ONLY

State building #_____

Vendor ID_____

Installation year _____

Roof type _____

Manufacturer _____

Deck type _____